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**Exhibit C-2**

**Wildfire Claimant Proof of Claim Form**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)

Chapter 11  
(Lead Case)  
(Jointly Administered)

## Proof of Claim (Wildfire Related)

Read the instructions before filling out this form. This form is for asserting general unsecured claims based on damages or losses resulting from a wildfire.

Do not use this form to assert any other pre-petition claims, including secured claims or claims entitled to priority under 11 U.S.C. § 507(a). Secured claims, claims entitled to priority under 11 U.S.C. § 507(a) and non-wildfire related claims should be filed on Form 410, available on <https://restructuring.primeclerk.com/pge>.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of January 29, 2019, except where otherwise specified.

### Part 1: Identify the Claim

1. Who is the current creditor?

Name of the current creditor (the person or entity to be paid for this claim) \_\_\_\_\_

Other names the creditor used with the debtor \_\_\_\_\_

2. Has this claim been acquired from someone else?

☐ No

☐ Yes. From whom? \_\_\_\_\_

3. Where should notices and payments to the creditor be sent?

Federal Rule of  
Bankruptcy Procedure  
(FRBP) 2002(g)

Where should notices to the creditor be sent?

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

Where should payments to the creditor be sent? (if different)

Name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone \_\_\_\_\_

Contact email \_\_\_\_\_

4. Does this claim amend one already filed?

☐ No

☐ Yes. Claim number on court claims registry (if known) \_\_\_\_\_

Filed on \_\_\_\_\_  
MM / DD / YYYY

5. Do you know if anyone else has filed a proof of claim for this claim?

☐ No

☐ Yes. Who made the earlier filing? \_\_\_\_\_

**Part 2:** Attorney Information (Optional)

**6. Who represents you in this matter?**

You do not need an attorney to file this form

**Who represents you in this matter?**

\_\_\_\_\_  
Law Firm Name

\_\_\_\_\_  
Attorney Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City State ZIP Code

Contact phone \_\_\_\_\_ Contact email \_\_\_\_\_

**Part 3:** Give Information About the Claim as of the Date the Case Was Filed

**7. Which fire is relevant to your claim?**

Please select one fire per claim form. If you have separate claims for multiple events, please submit a separate claim for each event.

- ☐ 37
- ☐ Adobe
- ☐ Atlas
- ☐ Blue
- ☐ Butte
- ☐ Camp
- ☐ Cascade
- ☐ Cherokee
- ☐ Honey
- ☐ La Porte
- ☐ Lobo
- ☐ Maacama
- ☐ McCourtney
- ☐ Norrbom
- ☐ Nuns
- ☐ Partrick
- ☐ Pocket
- ☐ Point
- ☐ Pressley
- ☐ Pythian (a.k.a Oakmont)
- ☐ Redwood
- ☐ Sulphur
- ☐ Tubbs
  
- ☐ Unknown
- ☐ Other: \_\_\_\_\_

8. **Is all or part of the claim based on property owned or rented and was affected by the 2017 or 2018 fires?**

*Note: It is unlawful to engage in insurance fraud in the State of California. Insurance fraud includes knowingly presenting multiple claims for the same loss or injury with an intent to defraud. See Cal. Penal Code § 550.*

☐ No

☐ Yes. This is a property-related claim. As to each of the categories of claims set forth below, attach copies of the documents supporting the claim, such as proof of ownership (titles, deeds), property appraisals, insurance documents or lease/rental agreements and complete below for each property related claim types that apply (Loss of Residence/Structure Claim, Personal Property Claim, Other Property Claim).

☐ **Loss of Residence/Structure Claim**

**Property Address:** \_\_\_\_\_

**Do you intend to rebuild?**

☐ No.

☐ Yes.

**How much is the claim?** \$ \_\_\_\_\_ or

☐ Unknown

**Was the property on the market for sale at the time of the fire?**

☐ No.

☐ Yes. What was the asking price? \$ \_\_\_\_\_

☐ **Personal Property Claim**

**Type of Property:**

☐ Personal contents (e.g., furniture, appliances)

☐ Business contents (e.g., fixtures, equipment)

☐ Auto/Motor Vehicle

☐ Other. Describe: \_\_\_\_\_

**How much is the claim?** \$ \_\_\_\_\_ or

☐ Unknown

☐ **Other Property Claim**

**Please Describe the Property:**

\_\_\_\_\_

**How much is the claim?** \$ \_\_\_\_\_ or

☐ Unknown

**Is (Are) the above claim(s) covered by insurance?**

☐ No.

☐ Yes. Fill out the information below.

**Who is (are) the insurance company(ies)?** \_\_\_\_\_

**What property (e.g., structure, personal property, other) is(are) covered by insurance?** \_\_\_\_\_

**What is the total amount of insurance coverage with respect to this (these) property-related claim(s)?** \$ \_\_\_\_\_

**How much in insurance proceeds, if any, have you received (to date) with respect to this (these) property-related claim(s)?** \$ \_\_\_\_\_

Part 3 (continued):

9. **Is all or part of the claim based on business/economic loss?** (e.g., lost profits, lost wages, loss of goodwill)

☐ No

☐ Yes. This is a business/economic loss claim. Attach copies of the documents supporting the claim, such as proof of operation at time of fire, federal tax returns for the two years preceding the fire, monthly/annual profit and loss statements or W-9 forms, and complete below.

*Note: It is unlawful to engage in insurance fraud in the State of California. Insurance fraud includes knowingly presenting multiple claims for the same loss or injury with an intent to defraud. See Cal. Penal Code § 550.*

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**How much is the claim?** \$ \_\_\_\_\_ or

☐ Unknown

**Basis of claim:**

\_\_\_\_\_

**Is the claim covered by insurance?**

☐

No.

☐

Yes. Fill out the information below.

**Who is the insurance company?** \_\_\_\_\_

**What is the total amount of insurance coverage with respect to this claim?**

\$ \_\_\_\_\_

**How much in insurance proceeds, if any, have you received (to date) with respect to this claim?**

\$ \_\_\_\_\_

10. **Is all or part of the claim based on wrongful death?**

☐ No

☐ Yes. This is a wrongful death claim. Attach copies of the documents supporting the claim, such as identifying information (U.S. passport, driver's license), death certificate, copy of autopsy findings or insurance benefit summaries, and complete below.

**Decedent name:** \_\_\_\_\_

**Creditor's relationship to Decedent:** \_\_\_\_\_

Part 3 (continued):

11. Is all or part of the claim based on personal injury? (e.g., physical injury, emotional distress)

*Note: It is unlawful to engage in insurance fraud in the State of California. Insurance fraud includes knowingly presenting multiple claims for the same loss or injury with an intent to defraud. See Cal. Penal Code § 550.*

☐ No

☐ Yes. This is a personal injury claim. Attach copies of any documents supporting this claim, such as hospital records reflecting date and nature of injury, physician office visit records or insurance benefit summaries, and complete below.

Injured Name: \_\_\_\_\_

Where was the injured person located when the injury occurred? \_\_\_\_\_

When the injury occurred (for claims asserting emotional distress, please also include estimated date and time of injury) \_\_\_\_\_

How much is the claim? \$ \_\_\_\_\_ or

☐ Unknown

Nature of the injury:

\_\_\_\_\_

Is the claim covered by insurance?

☐ No.

☐ Yes. Fill out the information below.

Who is the insurance company? \_\_\_\_\_

What is the total amount of insurance coverage with respect to this claim? \$ \_\_\_\_\_

How much in insurance proceeds, if any, have you received (to date) with respect to this claim? \$ \_\_\_\_\_

12. Is all or part of the claim based on any other reason not listed in questions 8 through 11 above?

*Note: It is unlawful to engage in insurance fraud in the State of California. Insurance fraud includes knowingly presenting multiple claims for the same loss or injury with an intent to defraud. See Cal. Penal Code § 550.*

☐ No

☐ Yes. Attach copies of any documents supporting this claim, and complete below.

How much is the claim? \$ \_\_\_\_\_ or

☐ Unknown

Basis of Claim:

\_\_\_\_\_

Is the claim covered by insurance?

☐ No.

☐ Yes. Fill out the information below.

Who is the insurance company? \_\_\_\_\_

What is the total amount of insurance coverage with respect to this claim? \$ \_\_\_\_\_

How much in insurance proceeds, if any, have you received (to date) with respect to this claim? \$ \_\_\_\_\_

Part 4: Sign Below

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

Title

\_\_\_\_\_

Company

\_\_\_\_\_  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

\_\_\_\_\_  
Number

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Contact phone

\_\_\_\_\_

Email

\_\_\_\_\_

# Instructions for Proof of Claim (Wildfire Related)

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- **Fill in all of the information about the claim as of January 29, 2019.**
- **If the claim has been acquired from someone else, then state the identity of the last party** who owned the claim or was the holder of the claim and who transferred it to you before the initial claim was filed.
- **Attach any supporting documents to this form.**  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth.** See Bankruptcy Rule 9037.
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/pge>.

## Understand the terms used in this form

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. §101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.



**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

### Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

### Please send completed Proof(s) of Claim to:

**If by first class mail:**

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

**If by overnight courier or hand delivery:**

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

**You may also hand deliver your completed Proof(s) of Claim to any of the following service center offices (during the hours of 8:30 a.m. – 5:00 p.m. Pacific Time):**

Chico Service Center  
350 Salem Street  
Chico, CA 95928

Marysville Service Center  
231 “D” Street  
Marysville, CA 95901

Napa Service Center  
1850 Soscol Ave. Ste 105  
Napa, CA 94559

Oroville Service Center  
1567 Huntoon Street  
Oroville, CA 95965

Redding Service Center  
3600 Meadow View Road  
Redding, CA 96002

Santa Rosa Service Center  
111 Stony Circle  
Santa Rosa, CA 95401

**Photocopy machines will not be available at the Claim Service Centers; you must bring a copy of your claim if you wish to receive a date-stamped conformed copy.**

**Do not file these instructions with your form**